

SUMMONS IN A CIVIL ACTION**UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF MICHIGAN**

GUN OWNERS OF AMERICA, INC., GUN OWNERS
FOUNDATION, VIRGINIA CITIZENS DEFENSE
LEAGUE, MATT WATKINS, TIM HARMSSEN and
RACHEL MALONE

v.

MATTHEW WHITAKER, in his official capacity as
Acting Attorney General of the United States, et al

Case No. 1:18-cv-01429-PLM-RSK

Hon. Paul L. Maloney

TO: THOMAS E. BRANDON, Acting Director ATF

ADDRESS: c/o U.S. Attorney General
950 Pennsylvania Avenue, NW
Washington, D.C. 20530

A lawsuit has been filed against you.

YOU ARE HEREBY SUMMONED and required to serve upon plaintiff, an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure within 60 days after service of this summons on you (not counting the day you received it). If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You must also file your answer or motion with the Court.

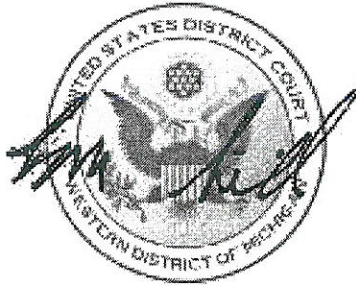
The Court has offices in the following locations:

399 Federal Building, 110 Michigan St., NW, Grand Rapids, MI 49503
P.O. Box 698, 314 Federal Building, Marquette, MI 49855
107 Federal Building, 410 W. Michigan Ave., Kalamazoo, MI 49007
113 Federal Building, 315 W. Allegan, Lansing, MI 48933

PLAINTIFF OR PLAINTIFF'S ATTORNEY NAME AND ADDRESS

Kerry L. Morgan (P32645)
Pentiuk, Couvreur & Kobiljak, P.C.
2915 Biddle Avenue, Suite 200
Wyandotte, MI 48192

CLERK OF COURT



By: Deputy Clerk

December 28, 2018

Date

PROOF OF SERVICE

This summons for THOMAS E. BRANDON, Acting Director ATF was received by me on _____
(name of individual and title, if any) (date)

☐ I personally served the summons on the individual at _____
on _____ (date) (place where served)

☐ I left the summons at the individual's residence or usual place of abode with _____, a person
(name)
of suitable age and discretion who resides there, on _____, and mailed a copy to the individual's last known address.
(date)

☐ I served the summons on _____, who is designated by law to accept service
(name of individual)
of process on behalf of _____ on _____
(name of organization) (date)

☐ I returned the summons unexecuted because _____

☒ Other (specify) certified mail, return receipt requested, attached hereto

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____

I declare under the penalty of perjury that this information is true.

Date: _____

Additional information regarding attempted service, etc.:

Melissa R Segedy
Server's signature
Melissa R Segedy, Legal Assistant
Server's printed name and title
2915 Biddle Ste 200 Wyandotte MI 48192
Server's address

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FOUNDATION, VIRGINIA CITIZENS DEFENSE
LEAGUE, MATT WATKINS, TIM HARSEN and
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v.

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Acting Attorney General of the United States, et al

Case No. 1:18-cv-01429-PLM-RSK

Hon. Paul L. Maloney

TO: Bureau of Alcohol, Tobacco, Firearms and Explosives

ADDRESS: c/o U.S. Attorney General
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Washington, D.C. 20530

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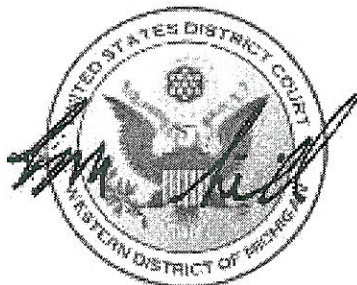
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Additional information regarding attempted service, etc.: _____

Melissa R Segey
Server's Signature
Melissa R Segey Legal Assistant
Server's printed name and title
2915 Biddle St 20 Wyandotte MI 48192
Server's address

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>Walter K. Younger</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Attn: Thomas Brandon, Acting Director Bureau of Alcohol, Tobacco, Firearms & Explosives 99 New York Avenue, NE Washington, DC 20226</p>		<p>B. Received by (Printed Name) <i>Walter K. Younger</i> C. Date of Delivery <i>1/22/19</i></p>	
<p>2. Article Number (Transfer from service label) 7014 3490 0001 3737 2409</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>Only Home</i> JAN 22 2019</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Restricted Delivery</p>			
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	